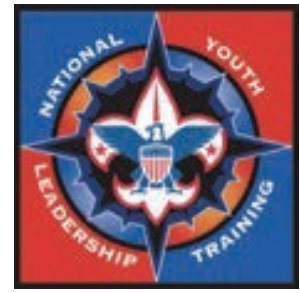




# NYLT Youth Staff Application 2026 Staff



## Personal Information

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Scouting Registration

BSA Registration ID: \_\_\_\_\_ Current Scout Rank: \_\_\_\_\_

Unit Type: Pack Troop Crew Unit No.: \_\_\_\_\_

District/Area: \_\_\_\_\_ Council: \_\_\_\_\_

## NYLT Service

Please list your position, year of course as well as the course director.

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## Recommendation for SPL

Who would you recommend for SPL and why.

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We will be in contact about an interview.

Fred Walls  
Course Director  
LVACNYLTCD2026@gmail.com

Peter Jensen  
Training Staff Advisor  
Peter.Jensen@scouting.org